

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

16-47

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26588

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kear

Primary Registration District No. 1002

City Kansas City, Mo.

No. Union Station

File No.

3336

Registered No.

3336

St.

Ward

2. FULL NAME

David J. Gunn

(a) Residence, No.

2629 Oakley

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF Alma R. Gunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2-27-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular

kind of work done, as spinner,

sawyer, bookkeeper, etc.

Engineer

9. Industry or business in which

work was done, as silk mill,

saw mill, bank, etc.

10. Date deceased last worked at

this occupation (month and

year)

11. Total time (years)

spent in this

occupation

12. BIRTHPLACE (CITY OR TOWN;

STATE OR COUNTRY)

Parkhurst Co W Va

FATHER

13. NAME

Bride Gunn

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

West Va

MOTHER

15. MAIDEN NAME

Elizabeth Ann Jordan

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

West Va

17. INFORMANT

(ADDRESS)

Alma R. Gunn

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Mary's

DATE

8/22

1933

19. UNDERTAKER

(ADDRESS)

O. V. MAST FUNERAL HOME, INC.

3146 Main St

20. FILED

8/21

1933 M. M. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-20

1933

22. I HEREBY CERTIFY, That I attended deceased from

19to

19to

I last saw him

alive on

19to

19to

to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

19to

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. N. Brown

M. D.

(Address)

12. S. Med.

SECRET

SECRET